



Medicine in Society

Part I: Change and Challenge

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The Committee to Study the Role of Medicine of the California Medical Education and Research Foundation (CMERF) is grateful to Dr. Watts for the following paper which served as the philosophical basis for the Committee's study and discussions. The Committee is also grateful to CMERF and to its president, James C. Doyle, for the encouragement and cooperation it has received in the course of its intensive study of a problem which is of great interest and concern to the medical profession of California.

Dr. Watts' background paper has served as a potent stimulus in directing the Committee's attention to the continuing dialogue between medicine and society, and in focussing on problems and issues which will be the subject of the Committee's Second Progress Report, excerpts from which are scheduled for publication in the next issue of CALIFORNIA MEDICINE.

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IT IS HARDLY NECESSARY any longer to point out that an individual patient almost always has a high regard for his own physician but thinks less of other people's doctors, and that the public opinion of the medical profession as a whole leaves much to be desired. Yet it is just as necessary for the medical profession to have the trust and confidence of the public as it is for the individual physician to have the trust and confidence of his patient, if either is to be successful. Fundamentally, just as the opinion of the patient depends upon the performance of the physician, the opinion of the public depends upon the performance of the profession as a whole. There must be weaknesses in this performance if the public opinion of medicine is lower than

it should be. These weaknesses seem to be not so much in the professional care of patients as in the broader social, economic and political areas of medical practice and medical care. Therefore, the relationships of medicine and society would appear to merit examination and reassessment by the profession as a whole.

A. Change in Ancient Relationship

From very earliest times, medicine in some form has been an integral component of every society. Medicine influences the social culture of which it is a part and in turn is influenced by it. This has always been and still is a dynamic and changing relationship. Today both medicine and society are changing more rapidly than at any time in history,

This is Part I of a communication in three parts. Parts II and III will appear in successive issues.

and the changes in both are more profound and far reaching than ever before. Both are having difficulty in adapting to these changes and each is showing signs of stress with respect to its relationships with the other. Yet neither can escape, either from the other, or from the ferment which scientific progress and social change are producing and which embroils them both.

1. *The Impact of Science*

A basic force which underlies the rapidly changing character of both medicine and society is the true scientific revolution which started at the turn of the century. As was the case with its earlier and more limited predecessor, the industrial revolution, the phenomenal new advances in scientific research began to receive public recognition and widespread general application in daily life some 40 or 50 years after they were first introduced. The impact of the substantial social and economic results of this new and continuing scientific revolution is now being reflected in political efforts to cope with these results. It is especially noteworthy that the scientific advances in medicine in particular affect almost every aspect of our culture and are in fact responsible for many of the revolutionary social changes which are occurring, and which in turn now affect medicine itself.

A most important and practical sociologic effect of scientific progress is that it inevitably produces increasing *specialization* among human beings. This specialization has occurred to a dramatic extent in both medicine and society during the last half century and this fractionation of function will increase as the scientific revolution proceeds. An inescapable corollary to increasing specialization is the greater *interdependence* among these specialized human beings which specialization produces. This has already occurred within medicine and within society and in the relationships between them.

All of this is an irreversible process. It can only go forward. Further scientific progress can only give rise to ever more complex social, economic and political problems from those which now beset us. This growing interdependence among specialized human beings inescapably requires increasing cooperation and greater order in the relationships among these interdependent individuals and groups. This can be accomplished either by voluntary assumption of individual and group responsibility or by government regulation and government control. There is no other way. These facts have profound implications for both medicine and society.

2. *Some Cultural Forces*

There appear to be a number of cultural forces which profoundly influence relationships between

modern medicine and modern society that may be usefully examined. A few examples of such forces follow:

(a) Cultural beliefs, whether or not they are accurate or factual, profoundly affect medicine and society and the interrelations between them. For instance, the proposition that human beings are free and equal is an accepted cultural belief in the solid American tradition. Yet complete freedom or true equality can actually never be achieved within the framework of terrestrial life. Furthermore, they are fundamentally in conflict, in that one can only be attained at the expense of the other. Yet this almost completely accepted proposition determines much of the behavior of medicine and of our society.

(b) Americans are deeply committed to the concept of equal opportunity for all. Talcott Parsons presents the interesting suggestion that this may be linked to the American concern with health, in that poor health is considered to be no fault of the individual and is, therefore, an unfair discrimination for which society has responsibility and, therefore, must try to correct. If this be true, then here is a cultural force of great importance which may go far toward explaining many of our social attitudes toward the financing and distribution of medical care.

(c) Our Western society is presently engaged in an ideological, economic and political power struggle to decide to what extent the individual will be compelled to conform to the will and the habits of the majority as determined by government. The force of this struggle affects medicine in many ways. Medicine is primarily concerned with the patient, who as an individual is also the basic component of human society. Just as in illness, where the patient's disease or response to treatment may or may not be that of the majority, medicine instinctively knows that the full expression of human individuality in society is not to be found in any compulsion to conform. To date this power struggle has had more influence on medicine than medicine has had upon the power struggle.

There are many other cultural beliefs, some probably true and some probably not, which influence and actually determine the behavior of individuals and groups.

3. *A New Scholarship in Medicine*

Scientific and cultural forces such as these are compelling students of medicine and medical care to broaden their concepts of health and disease and to plumb more deeply the depth of the basic physical, biological, behavioral and social sciences for a better understanding of the new problems created by these forces. It has been well said that an understanding of health and disease now requires a

frame of reference in which the psychological, social and cultural aspects of human behavior are appropriately related to the biological nature of man and the physical environment in which he lives. A new scholarship in medicine and society is, therefore, developing to study the impact of these forces.

B. New Problems and New Responsibilities

The changes which are occurring in both medicine and society make it clear that modern medical practice and medical care have now become a complex professional and social system which can only become more complex as time goes on. Like any complex system, whether physical, biological or social in nature, this system needs order and direction if it is to run smoothly. The responsibility for this order and direction for medical care in modern society is presently in doubt. A crucial question is whether or not responsible free medicine and free enterprise can identify and solve the increasing problems produced by scientific progress as fast as they appear or whether they will be solved for better or worse by government regulation and control. This of course is simply the issue of free enterprise ideology versus the socialist ideology which so splits and confuses the world today.

To what extent has the medical profession examined its new responsibilities and what action has been taken to meet them? Let us consider a few of these new problems and new responsibilities.

1. *In Professional Practice*

In the area of medical practice, has medicine really studied and balanced the advantages and disadvantages of solo and various kinds of group practice in terms of modern patient care? Has it truly assessed the present and probable future role of paramedical technologists and technicians in medical care, and the responsibilities of the medical profession with regard to these groups who in fact enable it to serve many more patients much more efficiently? Has it faced up to all the important issues of professional discipline? Will such problems as these be resolved within the dimensions of voluntary free enterprise or by government regulation and control?

2. *In the Sociology of Medical Care*

There is a growing interdependence between and among physicians, hospitals, convalescent homes, nursing homes, public and voluntary health agencies. This is part of the new field of medical sociology or social medicine. How much longer will virtually every hospital in every community be able to provide virtually every service? Is it sound or necessary that every hospital try to have a cobalt

bomb, a unit for heart surgery or an artificial kidney? Like medicine itself, hospitals will become increasingly specialized. As they do, there may have to be modifications in the present concepts of staff privileges. Who is to study these and other intricate interrelationships and interdependencies in the delivery of modern medical care? Will these problems which are at our doorstep be resolved within the dimensions of free enterprise or by government regulation and control?

3. *In the Economics of Medical Care*

Medical care is becoming more costly. The economics of medicine are of increasing importance to an increasing number of people. Who is to determine what the best medical care should provide, what it should cost, and how can it be paid for? Can these questions really be separated as many seem to think they can? Someone will answer them. Who is to discover the economic wastes, the inadequacies, the over-uses, the exploitation in various forms of government or voluntary medicine? Someone will do it. Who is to identify the unmet needs of minority groups, needs for new or modernized hospitals and facilities and do something about them? Will these problems be resolved within the dimensions of free enterprise medical care or by government regulation and control?

4. *In the Structure of Organized Medicine*

How can free and independent individuals or any association of free and independent individuals hope to solve problems such as these? Perhaps free medicine's greatest problem lies right in its own democratic political system. Yet if freedom is to be preserved and a greater progress is to be made through the system most capable of progress then these problems must be identified and solved within this system, and this must be done on an ever broadening and more complicated scale as the problems of human interdependence are compounded from this time on by further scientific progress.

Is it not time for us to come to grips with these realities? Many are beginning to think so but the question is, How? Perhaps we can borrow a leaf from the book of biological evolution and apply some biological principles to this evolutionary process of which we are a part. There are still free and independent cells in the animal kingdom, but the higher forms of life have found it necessary to develop specialization of cells and interdependence among cells. This has made possible a more advanced form of life and of living. A major key to this improved performance has been the biological development of specialized functions for communications within the organism itself and between it

and its environment, and of an intelligence to deal with an environment which changes from moment to moment, from day to day, and over much longer periods of time. The parallel with modern medicine and modern society is close. Perhaps medicine too needs some sort of better organized central nervous system to deal with its internal and external problems in a changing environment.

C. Performance and Leadership

An inevitable corollary of order and direction is control. No system complex can operate for long without introducing some sort of control. This is true of social systems where human beings must work interdependently as well as of physical or biological systems. Basically, control in any social system can only be exercised by the voluntary assumption of responsibility, or by compulsory regulation. The advantages of the voluntary method over the compulsory method are many and obvious. The only question is whether it can be made to work well enough. Can the social systems of medicine, of society, and of modern medical care all function smoothly within the framework of voluntary assumption of responsibility, and what are to be the pressures to volunteer? The answer to this question remains in doubt both for medicine and for society.

All these issues of order, direction, control and leadership will be decided in the final analysis by performance. Medicine of high quality and ready availability is essential to any modern society. The essential elements of medical care now extend far beyond the competence of any physician and the adequacy of any facilities he himself controls. Social, economic and political problems which strike at the very roots of our way of life are involved. Organized medicine has so far been loath to take on this complicated task but it has also resisted and decried the efforts of others to assume leadership and responsibility. It would seem that control of medical care and of medicine itself will fall to whomever can demonstrate that he can make the system work. And whoever performs in this fashion will also perform the ancient social role of the "physician" to modern society.

At present there is a vacuum of leadership in medical care. There are several major contenders for this important responsibility. Each represents a segment of the complex of modern medicine in modern society. Some of the more important are discussed below:

1. *The Payor*

Those who pay the bills are in a position to exercise direction and control of the complex that is medical care. The insurance industry, manage-

ment and labor and the government in various programs are all involved in its financing. The scope and nature of their involvement places these groups in a powerful position to demand and get the services they want, and thus to exercise leadership and control. Such groups usually choose their own advisors and accept or reject advice as they see fit.

2. *The Hospital*

There is a growing tendency to center medical practice and medical care around the large general hospital. This trend reflects progress in scientific medicine and will increase as medical services become more complex and more of them must be carried on in a hospital setting. This will place those who are responsible for hospitals more and more in a position from which it will be almost impossible not to exercise direction and control of medical care. However, the governing boards of hospitals are seldom controlled by physicians. Often physicians are not even represented. Hospitals are the traditional responsibility of lay groups or of government.

3. *Public Health*

A study group of the United States Public Health Service has concluded that the organization and distribution of medical care is a proper concern of public health. It has been recommended that funds of the department be directed toward establishing leadership in this field, and to the gathering of factual data on the subject. This is a clear departure from the traditional role of public health and could presage the replacement of personalized medicine in patient care with a more bureaucratic and impersonal statistical approach to medical practice, should the public health philosophy of control of disease by regulation become increasingly applied in daily practice.

4. *The Academic Center*

As further scientific advances are made in medicine the academic centers themselves, as educational institutions, may come to have a greater and greater influence on medical practice and medical care. Practitioners of necessity will become increasingly dependent upon these educational centers which will determine what practitioners must learn to keep abreast of progress and give recognition to those who do, and so set professional standards. Similarly, those who are responsible for the organization of medical care may become increasingly dependent upon academic schools of hospital administration, public health and the like. All this can place the university medical center in a strong position to exercise broad leadership and control in medical practice and medical care.

5. *The Social Scientist*

As medical care in modern society has increased in complexity, its quality, availability and delivery have become a matter of growing interest to sociologists and students of social welfare. Many scholars in these fields are specializing in the field of medical care, and many of them are becoming increasingly qualified as authorities in the organization, distribution, direction and control of medical care. At the moment these scientists are working in the vineyard but their growing knowledge of quality, cost and distribution makes them strong contenders for leadership and even for the role of "physician" to society.

6. *Organized Medicine*

Organized medicine has been curiously lacking in this struggle for leadership in medical care. The initiative has been taken by others. Perhaps this is because physicians have been so absorbed in advancing their science, and applying it in daily practice, that they have not attended to the social responsibilities of the profession in medical care and in society as a whole.

Perhaps it is time for the medical profession or for organized medicine to review critically its position with regard to society and to determine consciously the role it wishes to play in the future.

D. Some Basic Questions

From very ancient times, medicine in some form has been an integral component of every society. Our society is no exception. Medicine is so much a central part of our society that it affects almost every aspect of our culture. As medicine has increased in complexity and become specialized in the wake of scientific progress, many of its traditional functions have been assumed by other professions and other components of society. At the present moment medicine itself seems divided as to whether it should limit itself to its scientific functions in medical practice and medical care or should assume

some responsibility for, and some direction of, the larger and traditional responsibilities of medicine in society.

Perhaps it is time that certain basic questions were posed and answered:

1. What are the true dimensions of medical science in medical care?
2. How far does medical care extend into the structure of our society?
3. To what extent is medicine concerned with diseases and disorders in and of society—with problems such as delinquency, crime, alcoholism, fitness of an individual to drive a car, or with the fitness and safety of the environment, be it the atmosphere, an industrial plant or an automobile?
4. What are the true implications of medicine's commitment to "the advancement of the science and art of medicine and the betterment of public health?"
5. To what extent should medicine be concerned with the biological survival and evolution of the human species and its culture?

These are fundamental questions. Basically they ask what is the definition of modern medicine and who is to be physician for modern medicine to modern society. At the moment no one plays this essential role and in a very real sense society is seeking its physician.

It is suggested that organized medicine address itself to an assessment of the responsibilities of modern medicine in modern society and arrive at a determination of the role which it wishes itself to play. It should decide whether it will assume the responsibility of resolving the social problems of medical care in both medicine and society by strengthening order, direction and leadership within the dimensions of the free enterprise system, or whether through disinterest, disunion, procrastination or failure to perform, it will in effect bring about government regulation and control by its own default.

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